

11 - Clara DeMik

1. PLACE OF DEATH		STATE OF ILLINOIS County Clerk ORIGINAL	
County <u>Kankakee</u>		Department of Public Health - Division of Vital Statistics	
Township or Road Dist. <u>Stam</u>		STANDARD CERTIFICATE OF DEATH	
Incorp. Town or Village <u>or</u>		Registered No. <u>8</u>	
City <u>Clara DeMik</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2. FULL NAME <u>Clara DeMik</u>			
(a) Residence. No. <u>St.</u> <u>Ward</u>		(If non-resident give city or town and State)	
Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
5a. If married, widowed or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH <u>June 1, 1919</u>			
7. AGE <u>56</u> Years	Months	Days	If LESS than 1 day, hrs. OR min.?
8. OCCUPATION OF DECEASED <u>Housewife</u>			
(a) Trade, profession, or particular kind of work			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Holland</u>			
(State or Country)			
PARENTS	10. NAME OF FATHER <u>Gerrit Vanderbeek</u>		
	11. BIRTHPLACE OF FATHER (city or town) <u>Holland</u>		
	(State or Country)		
	12. MAIDEN NAME OF MOTHER <u>unknown</u>		
13. BIRTHPLACE OF MOTHER (city or town) <u>Holland</u>			
(State or Country)			
14. INFORMANT <u>W B Demik</u>			
Address <u>Stanne Lee</u>			
15. <u>Aug 17, 1919</u> <u>Robert Martin</u> Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH <u>Aug 14, 1919</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>July 1, 1919</u> to <u>Aug 14, 1919</u>			
that I last saw her alive on <u>Aug 13, 1919</u>			
and that death occurred, on the date stated above, at <u>3:50 p.m.</u>			
The CAUSE OF DEATH* was as follows, <u>addisons disease</u>			
(Duration) yrs. mos. ds.			
Contributory (Secondary) (Duration) yrs. mos. ds.			
18. WHERE WAS DISEASE CONTRACTED			
if not at place of death?			
Did an operation precede death? Date of			
Was there an autopsy?			
What test confirmed diagnosis?			
(Signed) <u>R L Benjamin, M. D.</u>			
Address <u>Stanne Lee</u>			
Date <u>8/14, 1919</u> Telephone			
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL			
19. PLACE OF BURIAL OR REMOVAL <u>Oakwood Cem</u>		21. DATE OF BURIAL <u>Aug 16, 1919</u>	
20. UNDERTAKER <u>L C Woodington</u>		ADDRESS <u>Stanne Lee</u>	